

Return this application to:

State Board of Hairdressers & Cosmetologists
111 St. James Court, Suite A, Frankfort, Kentucky 40601

ESTHETICIAN
Application for Examination

NO REFUND OF EXAMINATION FEE
APPLICANT MUST SIGN FULL NAME, USE NO INITIALS
PLEASE FILL IN ALL BLANKS BELOW

**ATTACH PHOTO
HERE.
PAPER COPIES OF PHOTOS NOT
ACCEPTED!!!
PHOTO QUALITY ONLY!**

Date photo was taken: _____

This application must reach the Board Office complete at least ten (10) working days prior to the beginning examination date. Examination fee of **ONE HUNDRED & TWENTY FIVE DOLLARS (\$125)** shall accompany this application. Payments must be made in the form of a Money Order, Cashiers Check or Cash (Correct Change Only). No Personal or Business Checks will be accepted.

Proof of the 12th grade education (Copy of High School/G.E.D diploma or transcript) must be submitted with your application for examination.

NOTE – The applicant is required to provide the following information; make no changes on the printed form; write distinctly with ink. Give full name; use no initials. **EXAMINATIONS GIVEN MONTHLY EXCEPT JULY AND AUGUST.** You will be notified of the examination date from this office following the examination deadline.

1. Full Name _____
(First) (Middle) (Maiden) (Last)
2. Current Address _____
(Street Address) (City, State, Zip Code)
3. Social Security Number _____ Birth Date: _____ Phone Number _____
4. School Attended and Address: _____

5. Date of Diploma _____ Date Verified _____ by _____
(Signature of Owner/School Rep)
6. Have you been convicted of a felony not previously reported to the Board office? ☐ YES (documentation must be included for Board review)
☐ NO
7. Male _____ Female _____ Signature of Applicant _____

Issuance of Esthetician License: \$75.00 (Seventy-five dollars) – After successful completion of the examination.

You must have this application notarized by a Notary Public.

STATE OF _____ COUNTY OF _____

Before me personally appeared _____
Whose signature and photograph are affixed to this application, and made oath and says that all the foregoing statements are true and correct.

Subscribed and sworn before me this _____ day of _____

Notary Public, in and for _____ County, State of _____

NOTARY PUBLIC

Commission Expires _____

ADA POLICY STATEMENT: The Kentucky Board of Hairdressers and Cosmetologists will provide reasonable accommodations in the administering of all licensure examinations for individuals with disabilities who have met the qualifications for examination. The qualified individual with a disability shall submit, to the Board, documentation from an appropriate professional verifying his/her disability.

Revised June 25, 2012